

General Exposition Services

THE TRADE SHOW SERVICE CONTRACTORS

205 Windsor Road • Limerick Business Center
Pottstown, PA 19464
Phone: 610-495-8866 • Fax: 610-495-8870
Email: info@generalexposition.com

Forklift Labor Loading/Unloading

Advanced Discount Deadline Date: Friday, March 10, 2023

2023 Open Season Sportsman's Expo WI
Wisconsin Dells - Kalahari Resort
March 24-26, 2023

4000 # Capacity Forklift w/Operator
\$195 each for Unloading/Loading (Straight time)*

(All services are 1 hour minimum for Loading and Unloading.)
\$250 each for Unloading/Loading (Overtime)**

*Straight time is Monday through Friday, 8:00 AM - 4:30 PM

**Overtime consists of all hours Saturday, Sunday, Holidays, and Monday through Friday before 8:00 AM and after 4:30 PM.

All rigging, material handling labor and forklift operations must be picked up at the Exhibitor Service Desk. All work is to be performed under the supervision of an authorized exhibitor representative.

Orders received after the advance discount deadline date and orders placed at the show will be subject to a 25% surcharge.

To qualify for Forklift Rates:

- Must arrive on own company vehicle
- Must be equipment or machinery
- Must not require the storage of empty crates, pallets or packing
- Combined shipments of equipment and display items will be charged accordingly (Equipment at hourly rate, display items at cwt.)

Date Required: _____

Equipment to be moved in: _____

Approximate Weight: _____

Estimated Total Amount: _____

IMPORTANT: All orders must be paid in advance with a credit card included on the Payment Authorization Form.

Exhibiting Company: _____

Booth Number: _____

General Exposition Services

THE TRADE SHOW SERVICE CONTRACTORS

205 Windsor Road . Limerick Business Center
Pottstown, PA 19464
Phone: 610-495-8866 . Fax: 610-495-8870
Email: info@generalexposition.com

Forklift and Equipment Labor

Advanced Discount Deadline Date: Friday, March 10, 2023

2023 Open Season Sportsman's Expo WI
Wisconsin Dells - Kalahari Resort
March 24-26, 2023

Orders received after the advanced discount deadline date and orders placed at show site will be subject to a 25% surcharge.

EQUIPMENT & LABOR RATES

STRAIGHT TIME - 8:00 AM TO 4:30 PM Monday through Friday

DOUBLETIME - 4:30 PM TO 8:00 AM Monday through Friday, all day Saturday, Sunday & Holidays

CREW SIZE - Indicated below are MINIMUM crew requirements

LIFT CAPACITIES vary based on lift and/or boom extension. Additional crew, equipment or larger equipment will be used if the supervisor deems it necessary to safely complete the installation and/or dismantling of a job and it will be charged accordingly.

RIGGING MATERIALS, cable, clamps, shackles, turnbuckles, etc. are additional and will be charged accordingly.

FORKLIFT (One Hour Minimum Per Forklift/Crew)

Forklift Crew consists of the operator, rigger and helper.

	STRAIGHT TIME	DOUBLETIME
Forklift with Crew, Up to 2 tons/5,000 lb. Lift capacity	\$350.00	\$550.00
Forklift with Crew, 2 tons/5,000 lb. to 4 tons/8,000 lb. Lift capacity	\$395.00	\$595.00
Forklift with Crew, 4 tons/8,000 lb. to 6 tons/10,000 lb. Lift capacity	QUOTED ON REQUEST	

BOOM LIFTS *Condor Snorkel-Cherry Picker (One Hour Minimum Per Lift/Crew)

Lift crew consists of the operator, rigger and helper

Boom Lift with crew, Up to 200 lb. Lift capacity	\$700.00	\$850.00
--	----------	----------

CRANES (Four Hour Minimum Per Crane/Crew)

Crane crew consists of the operator and two riggers.

Crane with Crew, Up to 30 tons/60,000 lb. Lift capacity	QUOTED ON REQUEST
Crane with Crew, Over 30 tons/60,000 lb. Lift capacity	

ASSEMBLY & ADDITIONAL Crew Labor (One Hour Minimum Per Person)

Rigger Foreman	\$159.50	\$247.00
Rigger	\$154.00	\$242.00

FOR INSTALLATION, we will require the following:

Type of Equipment: _____ Describe Work to be Done: _____
Lift Capacity: _____
Date: _____ Time: _____ Day: _____ # of Crews: _____ x Approx. Hours: _____
Total Hours: _____ @ Hourly Rate: _____ = TOTAL ESTIMATED COST _____

FOR DISMANTLE, we will require the following:

Type of Equipment: _____ Describe Work to be Done: _____
Lift Capacity: _____
Date: _____ Time: _____ Day: _____ # of Crews: _____ x Approx. Hours: _____
Total Hours: _____ @ Hourly Rate: _____ = TOTAL ESTIMATED COST _____

Estimated Total Amount: _____ **Please transfer this total to the Payment and Charge Form.**

Exhibiting Company: _____

Booth Number: _____

General Exposition Services

THE TRADE SHOW SERVICE CONTRACTORS

205 Windsor Road . Limerick Business Center
Pottstown, PA 19464
Phone: 610-495-8866 . Fax: 610-495-8870
Email: info@generalexposition.com

Payment Authorization Form (This form must be included with your order!)

Advanced Discount Deadline Date: Friday, March 10, 2023

2023 Open Season Sportsman's Expo WI
Wisconsin Dells - Kalahari Resort
March 24-26, 2023

Credit card information must be on file before any goods or services will be rendered.

To receive discount pricing you must place your order by the advance discount deadline dates. A \$50.00 surcharge will be added to your account for all declined credit cards. Any balance due on your account, including past due amount will be charged to the credit card provided. By signing below you are agreeing to all Terms & Conditions and General Exposition Services Limits & Liabilities set forth in this service kit.

ENTER TOTALS:

* Booth Package:	_____		
* Furniture and Accessories:	_____		
* Carpet:	_____	SubTotal:	_____
* Hardwall Unit:	_____	* Tax: (6.75 %)	_____
Freight Handling:	_____	"Estimated" Total:	_____
Labor:	_____		
Custom Cleaning:	_____		
Other:	_____		

* Note: Electrical, Telephone and Plumbing orders should be sent directly to the venue.

NOTE: ALL ORDERS MUST BE ACCOMPANIED BY A CREDIT CARD, REGARDLESS OF PREFERRED METHOD OF PAYMENT

Credit Card Information American Express Visa Mastercard Company Check

Credit Card Number: _____ Expiration Date: _____

Card Security Code: _____

Card Holder's Name
(please print): _____

Billing Address (if different
from address below): _____

Signature: _____

Exhibitor Information (PLEASE PRINT CLEARLY, INFORMATION BELOW WILL BE USED FOR FINAL RECEIPT.)

Exhibiting Company: _____ Ordered by: _____

Address: _____ City, State, Zip: _____

Phone: _____ Fax: _____

Email: _____ Date: _____ Booth Number: _____